

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILLED		APPLICANT ALZHOUSHT		APPLICANT ALZHOUSHT	
	CID	DEP	CID	DEP	CID	DEP
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TOTAL IND.	1					
TOTAL DEP.	24					
TOTAL CLAIMS	25					

	AD FILLED		APPLICANT ALZHOUSHT		APPLICANT ALZHOUSHT	
	CID	DEP	CID	DEP	CID	DEP
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TOTAL IND.						
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TOTAL CLAIMS						